

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	PS	66621	10/23
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	QD	71098	10/2
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral) Canceled A ..... Appeal  
 + ..... Restricted O ..... Objected

Claim	Final	Original	Date
1	12/1/91	12/1/91	
2	12/23/93	12/23/93	
3	5/1/93	5/1/93	
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Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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